



EXPRESS MAIL LABEL NO. EU746736396US

Attorney Docket No. 66094.000003  
Customer No. 27682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Paul BASKIS ) Group Art Unit: 1724  
Application No.: 10/735,516 )  
Filing Date: December 11, 2003 ) Examiner: F. Prince  
Title: DRY CYCLE ANAEROBIC )  
DIGESTER )

**CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. §1.10**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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on January 4, 2006  
Date

Gail W. O'Brien

*Typed or printed name of person signing Cert*

*Typed or printed name of person signing Certificate*

Documents being submitted with this Certificate of Express Mailing include:

- Request for Continued Examination (RCE)
- Amendment and Response under 37 CFR 1.111
- Executed Revocation of Power of Attorney with New Power Of Attorney and Change of Correspondence Address
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HUNTON & WILLIAMS LLP  
Riverfront Plaza, East Tower  
951 East Byrd Street  
Richmond, VA 23219  
(804) 788-8200 (Telephone)  
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Attorney Docket No. 66904.000003  
(previously BASKISDCAD)  
Attorney Customer No. 27682

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	Paul Baskis	Group Art Unit:	1724
Application No.:	10/735,516	Examiner:	F. Prince
Filed:	December 11, 2003	Att'y Dkt. No.:	66904.000003 (formerly BASKISDCAD)
Title: DRY CYCLE ANAEROBIC DIGESTER			

**REQUEST FOR CONTINUED EXAMINATION**  
**AND RESPONSE TRANSMITTAL LETTER**

**MAIL STOP RCE**  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is an Amendment and Response under 37 CFR 1.111 in response to the Office Action dated October 24, 2005 in connection with the above-identified patent application. Also enclosed is:

- A Request for Continued Examination (RCE) Transmittal.
- An executed Power of Attorney and Correspondence Address Indication Form § 1.129(a) is also enclosed.
- No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below:

CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	17	Minus 20 =	0	x \$50.00 =	\$0
66904.000003 RICHMOND 1616198v1					
Claims					
If Amendment adds multiple dependent claims, add \$260.00					n/a
Total Amendment Fee					\$0
If small entity status is claimed, subtract 50% of Total Amendment Fee					\$0
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0</b>

Charge \$\_\_\_\_ to Deposit Account No. 08-3436 for the fee due.

Check No. 459452 in the amount of \$395.00 is enclosed for the RCE fee.

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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 08-3436.

Date: January 4, 2006

Respectfully submitted,

*By: David E. Baker*

David E. Baker  
Registration No. 42,285

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